|  |  |
| --- | --- |
| Today’s Date: |  |
| Principal Investigator: |  |
| Project Title: |  |
| Award Amount:  | $ |
| Original Funding Period: |  |
| Requested New End Date: |  |

Convert completed form to a PDF and email to the SCIDRP Office ([BergAK@umsystem.edu](BergAK%40umsystem.edu))

1. Provide a brief description of the individual, numbered Specific Aims of the project.
2. Provide a description of the progress in the project and Specific Aims completed to date.
3. Explain why a no-cost extension is needed.
4. Estimate the amount of remaining funds and explain how these funds will be spent.